

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212541106			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ROOFTOP OF VIRGINIA REALTY CORP.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES T WARD 104 1/2 E GRAYSON ST PO BOX 637 GALAX, VA 24333</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: GALAX CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: 02797926</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 206 N MAIN ST., P.O. BOX 853</p> <p style="margin-left: 40px;">CITY/ST/ZIP: GALAX, VA 24333</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID HUTCHINS TITLE: PRESIDENT ADDRESS: 147 MALLARD DRIVE CITY/ST/ZIP/CO: GALAX, VA 24333 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID HUTCHINS TITLE: PRESIDENT ADDRESS: 147 MALLARD DRIVE CITY/ST/ZIP/CO: GALAX, VA 24333	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	KENNETH R. BELTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	402 OLD BAYWOOD ROAD		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	ALVIN DAVIDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	605-9 PINE STREET		
CITY/ST/ZIP/CO:	HILLSVILLE, VA 24343		
NAME:	JOHN GARNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 276		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	ALISHA GRAVLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	476 MOCKINGBIRD LANE		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	DR. TOM LITTRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	209 PAINTER ST., SUTIE 1		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	TED MERRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 WOOD LANE		
CITY/ST/ZIP/CO:	HILLSVILLE, VA 24343		
NAME:	LAURA ROMANOWSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 492		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	GENEVA SHAW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1151 GLENDALE ROAD, APT.#10		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	MELISSA STAMPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	128 WILSON AVENUE		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	JUDY TAYLOR-GALLIMORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 EAST GRAYSON STREET		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	HILDA J TUCKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	166 CALLOWAY STREET		
CITY/ST/ZIP/CO:	GALAX, VA 24333		

NAME:	WILLIAM WEBB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	963 EAST STUART DRIVE		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID HUTCHINS	DAVID HUTCHINS, PRESIDENT	10/25/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			